PTO/S8/81 (11-08) Approved for use through 11/30/2011, OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/568,722
Filing Date	November 14, 2006
First Named Inventor	Niclas ERIKSSON
Title	METHOD AND APPARATUS FOR DEHUMIDIFICATION
Art Unit	3743
Examiner Name	Stephen Michael Gravini
Attorney Docket Number	10215-000023/US

\				_/	
I hereby revoke all previous powers of attorney given in the above-identified application.					
A Power of Attorney is submitted herewith.					
OR I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application		75304			
	identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:				
OR I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:					
	Practitioner(s) Name		Registration Number		
<u> </u>				ı	
Please recognize or change the correspondence address for the above-identified application to:					
	associated with the above-mentioned Customer Nu	mber.			
OR				;	
The address OR	associated with Customer Number:				
Firm or Individual Na	me				
Address			•		
City		State	Zip		
Country					
Telephone		Email			
I am the: Applicant/Inventor. OR Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.7(b) (Form PTO/SB/96) submitted herewith or filed on					
SIGNATURE of Applicant or Assignee of Record					
Signature	Withbill Sidney of Applicant	t Of Assignee C			
Name	Niclas ERIKSSON		Date 2009/01/23 Telephone		
Title and Company			тегерионе		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
× *Total of 2	X *Total of 2 forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (11-08) Approved for use through 11/30/2011. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE o a collection of Information unless it displays a valid QM8 control number. Under the Paperwork Reduction Act of 1995, no persons are required to

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/568,722
Filing Date	November 14, 2006
First Named Inventor	Niclas ERIKSSON
Title	METHOD AND APPARATUS FOR DEHLIMIDIFICATION
Art Unit	3743
Examiner Name	Stephen Michael Gravini
Attorney Docket Number	10215-000023/US

I hereby revoke all previous powers of attorney given in the above-identified application.				
A Power of Attorney is submitted herewith.				
OR it hereby appoint Practitioner(s) associated with the followin Number as my/our attorney(s) or agent(s) to prosecute the identified above, and to transact all business in the United and Trademark Office connected therewith:	application			
OR	the state of the s			
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:				
Practitioner(s) Name	Registration Number			
	·			
Please recognize or change the correspondence address for the al	bove-identified application to:			
X The address associated with the above-mentioned Custom				
OR				
The address associated with Customer Number:	•			
□ OR				
Firm or Individual Name				
Address				
City	State Zip			
Country Telephone	Email			
I am the:				
X Applicant/Inventor.				
OR Assignee of record of the entire interest. See 37 CFR 3.71.				
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on				
SIGNATURE of Applicant or Assignee of Record				
Signature AGE	Date 090120			
Name Lars SVENNANGSSON	Telephone			
Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one				
signature is required, see below.				
Total of 2 forms are submitted.				

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.